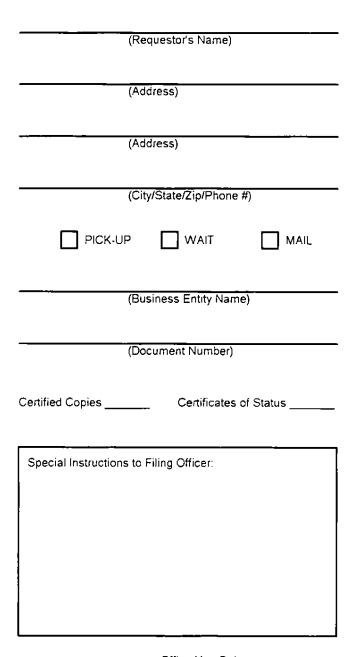
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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor			
	' LAND CLEARING AND GE	RADING, ELC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	JESSICA ABREU		
		Name of Person	
	ABREU ACCOUNTING	SERVICES, LLC	
		Form Company	
	12995 S CLEV FLAND A	VI #204	
	· · · · · · · · · · · · · · · · · · ·	Address	
	FT. MYERS, FL 33907		
		City/State and Zip Code	•
	AASLLC@ABREUSERVI	CES.COM	
	E-mail address: (to be used for future annual report not	dication)
For further information c	concerning this matter, please e	all:	
JESSICA ABRITU		239 848-7431	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration :		Street Address: Registration Sc	ection
Division of Corporations		Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of	Fallahassee be Street, Suite 810
ramanassee,	F1, 3431+	2410 N. MOBIC	ic anecet anne 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SAL BUILDERS Group, L.C. The new name aimst be distinguishable and contain the words "Limited Liability Company," the designation "LLC" on the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: ABREU ACCOUNTING SERVICES, LLC L2995 S CLEVELAND AVE., #204 Enter Florida street address FT. MYERS FIG. 13807	ALL-CITY LAND CLEARING A					
The new name and be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: ABREU ACCOUNTING SERVICES, LLC New Registered Office Address: L2995 S CLEVELAND AVE., #204 Enter Footida street address	(Name of the Lim	ted Liability Company as it now appears TA Florida Emited Liability Company)	on our records.}			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Suff Builders Goup, L.C. The new name and be distinguishable and contain the world "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: ABREL ACCOUNTING SERVICES, LLC 12945 S CLEVELAND AVE., #204 Enter Florida Street address	The Articles of Organization for this Limited Liability Company were filed on 02/01/2023			and assigned		
A. If amending name, enter the new name of the limited liability company here: Suff Builders Group Lice The new name aimst be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: ABREU ACCOUNTING SERVICES, LLC L2995 S CLEVELAND AVE., #204 Enter Florida street address	Florida document number L23000059135	·				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: ABREU ACCOUNTING SERVICES, LLC New Registered Office Address: 12995 S CLEVELAND AVE #204 Enter Florida street tabless	This amendment is submitted to amend the fol	lowing:				
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(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: ABREU ACCOUNTING SERVICES, LLC New Registered Office Address: 12995 S CLEVELAND AVE., #204 Enter Florida Street address	The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	agnation "LLC" or the abbreviation "L.	I.C."		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: ABREU ACCOUNTING SERVICES, LLC New Registered Office Address: 12995 S CLEVELAND AVE., #204 Enter Florida street address	Enter new principal offices address, if appli	cable:	SE 702	າ ການ ນານ		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: ABREU ACCOUNTING SERVICES, LLC New Registered Office Address: 12995 S CLEVELAND AVE., #204 Enter Florida street address	(Principal office address MUST BE A STRE		- 			
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Name of New Registered Agent: ABREU ACCOUNTING SERVICES, LLC New Registered Office Address: 12995 S CLEVELAND AVE., #204 Enter Florida Street address		_ ,				
New Registered Office Address: 12995 S CLEVELAND AVE., #204 Enter Florida street address	• • • • • • • • • • • • • • • • • • • •	• •	ords, <u>enter the name of the ne</u> s	<u>v registere</u>		
Enter Florida street address	Name of New Registered Agent: ABREU ACCOUNTING SERVICES, LLC		FS, LLC			
Enter Florida street address	New Registered Office Address:	12995 S CLEVELAND AVE., #20	4			
FT. MYERS Florida 33907	List Negrotal Sales Indiana.	Enter Florie				
		FT. MYERS	, Florida 33907			
City Zip Code		City	Zıp Code			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



. . .

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			_(Change
			
			Remove
			Change
			TChange
			T.Remove
 -			CAdd
		•	[Remove
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Effective date, if other than the	date of filing:		((optional)	
I'an effective date is listed, the date mu <u>Note:</u> If the date inserted in this b document's effective date on the I	st be specific and cannot be lock does not meet the a	eprior to date of filin applicable statutory	g or more than 90 days r filing requirements	affer filing.) Pursuant to 6 , this date will not be 1:	i08 0207 (3 isted as th
e record specifies a delayed effectived is filed.	re date, but not an effect	tive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day at	fier the
JUNE LITH	2024				
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Typed or printed name of signee